Evidence-Based Programs for 16-17 Year Olds

Big Brothers, Big Sisters of America (Model)

Big Brothers Big Sisters of America (BBBSA) has been providing adult support and friendship to youth for nearly a century. A report in 1991 demonstrates that through BBBSA's network of nearly 500 agencies across the country, more than 70,000 youth and adults were supervised in one-to-one relationships.

Program Targets

Youth, ages 6-18, from single-parent homes.

Multisystemic Therapy (Model)

Multi-systemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multi-systemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

Program Targets

MST targets chronic, violent, or substance-abusing male or female juvenile offenders, ages 12-17, at high risk of out-of-home placement, and the offenders' families.

Functional Family Therapy (Model)

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting-out behaviors and related syndromes.

Program Targets

Youth, ages 11-18, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder.

Brief Strategic Family Therapy (BSFT)

Brief Strategic Family Therapy (BSFT) adopts a structural family systems framework to improve youth behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms.

Program Targets

Children and adolescents, ages 8-17, displaying or at risk for developing behavior problems, including substance abuse.

Multidimensional Treatment Foster Care (Model)

Multidimensional Treatment Foster Care (MTFC) is a cost-effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers.

Program Targets

Teenagers with histories of chronic and severe criminal behavior at risk of incarceration.

Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA)

Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA) is a treatment approach designed to help children and adolescents who have suffered sexual abuse to overcome Post-Traumatic Stress Disorder (PTSD), depression, and other behavioral and emotional difficulties. The program helps children to:

- · Learn about child sexual abuse as well as healthy sexuality
- Therapeutically process traumatic memories
- Overcome problematic thoughts, feelings, and behaviors
- · Develop effective coping and body safety skills

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma Focused Cognitive Behavior Therapy (TF-CBT) formerly Cognitive Behavioral Therapy for Child and Adolescent Traumatic Stress (CBT-CATS) is a treatment intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to disasters, terrorist attacks, or war trauma. It was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies, in order to focus on enhancing children's interpersonal trust and re-empowerment.

TF-CBT can be provided to children 3 to 18 years old, and their parents, by trained mental health professionals in individual, family, and group sessions in outpatient settings. TF-CBT targets symptoms of Post-traumatic Stress Disorder (PTSD), which often co-occur with depression and acting-out behaviors.

The intervention also addresses issues commonly experienced by traumatized children, such as poor self-esteem, difficulty trusting others, mood instability, and self-injurious behavior (including substance use).

Olweus Bullying Prevention Program (Model)

The **Olweus Bullying Prevention Program** is a universal intervention for the reduction and prevention of bully/victim problems. The main arena for the program is the school, and school staff has the primary responsibility for the introduction and implementation of the program.

Program Targets

Program targets are students in elementary, middle, and junior high schools. All students within a school participate in most aspects of the program. Additional individual interventions are targeted at students who are identified as bullies or victims of bullying.

Project Towards No Drug Abuse (Model)

Project Towards No Drug Abuse (Project TND) is an effective drug abuse prevention program that targets heterogeneous samples of high school-age youth. Reductions in cigarette smoking, alcohol use, marijuana use, hard drug use, and victimization have been revealed at one- and two-year follow-up periods.

Program Targets

Project TND is a drug abuse prevention program with a focus on high school youth, ages 14-19. It has been tested at traditional and alternative high schools using true experimental designs.

School Transitional Environmental Program (STEP)

The **School Transitional Environmental Program (STEP)** is based on the Transitional Life Events model, which theorizes that stressful life events (such as making transitions between schools) place children at risk for maladaptive behavior. Earlier research has shown that, for many students, changing schools leads to poor academic achievement, classroom behavior problems, heightened anxiety, and increases in absenteeism, all of which may lead to dropping out of school and other behavioral and social problems. By reducing school disorganization and restructuring the role of the homeroom teacher, STEP aims to reduce the complexity of school environments, increase peer and teacher support, and decrease students' vulnerability to academic and emotional difficulties.

Program Targets

Students who attend large, urban junior or senior high schools with multiple feeders and which serve predominantly non-white, lower-income students.

Sources

Center for the Study and Prevention of Violence: www.colorado.edu/cspv/blueprints

U.S. Substance Abuse and Mental Health Services Administration: www.modelprograms.samhsa.gov

Connecticut-based Best Practice Programs

Intensive In-home Child and Adolescent Psychiatric Services (IICAPS)

IICAPS is a Yale University model created to meet the comprehensive needs of children and adolescents with severe psychiatric disorders. The program makes use of a consistent treatment team to provide comprehensive assessments, case management, individual and family treatment, and crisis intervention. Intervention is informed by a synthesis of the medical model, development psychopathology, systems theory, and wraparound concepts.

Program Targets

Children appropriate for IICAPS intervention may be returning home from psychiatric hospitalization, at-risk for institutionalization or hospitalization, or unable to benefit from traditional outpatient treatment.

Child Development-Community Policing Program (CD-CP)

The CD-CP Program is a model of a collaborative alliance among law enforcement, juvenile justice, domestic violence, medical and mental health professionals, child welfare, schools and other community agencies. The CD-CP Program was launched in 1991 as a partnership between the City of New Haven, the New Haven Department of Police Service, and the Yale Child Study Center.

Program Targets

CD-CP links law enforcement and mental health first responders to deliver acute mental health interventions and follow-up services to children, adolescents and families at risk for psychological trauma. The CD-CP mental health-police partnership has been replicated with funding from the USDOJ in more than 16 communities nationwide.